 <p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>	Application Number	10/007,832	
	Filing Date	11/05/2001	
	First Named Inventor	Paul Bette, et al.	
	Group Art Unit	2114	
	Examiner Name	Damiano, Anne L	
Total Number of Pages in this Submission	2	Attorney Docket Number	2000-0587

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Group 2100

Enclosures (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Amendment / Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits / Declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment & Recordation Cover Sheet
<input type="checkbox"/> Drawing(s) & Letter to Official Draftsman
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition to the Commissioner
<input type="checkbox"/> Petition to Convert a Provisional Application
<input checked="" type="checkbox"/> Appointment of New Attorney and Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
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<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> CD, Number of CDs
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Remarks

CORRESPONDENCE ADDRESS

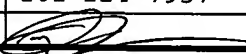
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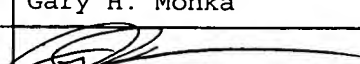
NAME	Samuel H. Dworetzsky			
ADDRESS	AT&T CORP. Room 2A-207 One AT&T Way			
CITY	Bedminster	STATE	New Jersey	ZIP CODE 07921
COUNTRY	United States of America	FAX	908-532-1281	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Gary H. Monka	Reg. #	35290
TELEPHONE	201-224-7957		
SIGNATURE		DATE	10/26/04

CERTIFICATE OF MAILING

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